

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000015907

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: INTEGRA MEDICAL TECHNOLOGIES, INC.

## Current Principal Place of Business:

2031 W. OAKLAND PARK BLVD  
100  
FT LAUDERDALE, FL 33311

## New Principal Place of Business:

## Current Mailing Address:

2031 W. OAKLAND PARK BLVD  
100  
FT LAUDERDALE, FL 33311

## New Mailing Address:

FEI Number: 11-3677001

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROMANO, DAVID  
2031 W. OAKLAND PARK BLVD  
100  
FT LAUDERDALE, FL 33311 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ROMANO, DAVID DR.  
Address: 2031 W. OAKLAND PARK BLVD SUITE 100  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: D ( ) Delete  
Name: RECHTER, MICHAEL DR.  
Address: 2031 W. OAKLAND PARK BLVD SUITE 100  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: D ( ) Delete  
Name: LABOW, DANIEL  
Address: 2031 W. OAKLAND PARK BLVD SUITE 100  
City-St-Zip: FT LAUDERDALE, FL 33311

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID ROMANO

DR.

04/28/2006

Electronic Signature of Signing Officer or Director

Date